

SERIAL NUMBER 09/182,297	FILING DATE 10/29/98	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. WEINR40062
-----------------------------	-------------------------	--------------	------------------------	-----------------------------------

APPLICANT
ROBERT E. WEINSTEIN, BOSTON, MA; ALAN M. WEINSTEIN, POTOMAC, MD.

****CONTINUING DOMESTIC DATA*******
VERIFIED PROVISIONAL APPLICATION NO. 60/063,710 10/29/97
0

****371 (NAT'L STAGE) DATA******* *none*
VERIFIED
1

****FOREIGN APPLICATIONS******* *none*
VERIFIED
0

FOREIGN FILING LICENSE GRANTED 11/16/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>Examiner's Initials</i> <u> </u> <i>Initials</i> <u> </u>					

SEE CUSTOMER NUMBER: 021587 #5
Robert E. Weinstein
J-Med Pharmaceuticals, Inc.
Boston, MA 02116

TITLE
ANTIHISTAMINE/DECONGESTANT REGIMENS FOR TREATING RHINITIS

FILING FEE RECEIVED \$571	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------------	---	---



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1864

SERIAL NUMBER 09/182,297	FILING DATE 10/29/1998 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. WEINR40062	
APPLICANTS ROBERT E. WEINSTEIN, BOSTON, MA;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/063,710 10/29/1997					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/16/1998 ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature _____ Initials _____			
ADDRESS PORTER F. FLEMING BICKEL & BREWER 885 THIRD AVENUE SUITE 3040 NEW YORK, NY 10022					
TITLE ANTIHISTAMINE/DECONGESTANT REGIMENS FOR TREATING RHINITIS					
FILING FEE RECEIVED 1141	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing time) <input type="checkbox"/> 1.18 Fees (Is <input type="checkbox"/> Other <input type="checkbox"/> Credit		